



Office of the Clark County Clerk
Lynn Marie Goya

Certificate of Business: Fictitious Firm Name
Address Change

Please Print or Type

The expiration date for certificate shall remain five years from the original date of filing.

Original Certificate File Number: _____

Fictitious Firm Name: _____

Mailing Address Change

From: _____
Mailing Address City, State, Zip

To: _____
Mailing Address City, State, Zip

Business Address Change

From: _____
Street Address of Business City, State, Zip

To: _____
Street Address of Business City, State, Zip

Signed By: _____
Full Name of Authorized Signer Signature Date

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

STATE OF _____ }
COUNTY OF _____ } SS:

This instrument was acknowledged before me on _____
(Date)

by _____
(Name of individual whose signature is being notarized)

Signature of Notary Public/Deputy Clerk